



Metabolic Syndrome Screening Program Description

The Mayo Clinic defines metabolic syndrome as a cluster of conditions, including increased blood pressure, a high blood sugar level, excess body fat around the waist and abnormal cholesterol levels that occur together, increasing a person's risk of heart disease, stroke, and diabetes. Vancamfort, et al (2015) report that individuals diagnosed with a severe mental illness, including schizophrenia and related psychotic disorders, bipolar and major depressive disorder, experience a two-three times higher mortality rate than the general population. Sixty percent of this mortality rate can be contributed to symptomology of metabolic syndrome. According to the Florida Medicaid Drug Therapy Management Program for Behavioral Health, as many as 63% of individuals diagnosed with schizophrenia and 49% of individuals diagnosed with bipolar disorder are at risk for developing metabolic syndrome. Therefore, behavioral health members on atypical antipsychotics should be routinely monitored for symptoms of metabolic syndrome. Access Behavioral Health has created this screening program for practitioners to use as a guide when serving members who are prescribed the below listed atypical antipsychotics.

Abilify	Risperdal
Clozaril	Saphris
Fanapt	Secuado
Geodon	Seroquel
Invega	Symbyax
Latuda	Vraylar
Rexulti	Zyprexa

Eligible Members

ABH utilizes a systematic approach when identifying members eligible for the program. Data sources include member claims data and provider record monitoring data. Eligible members are identified among members who have received medication management behavioral healthcare services. Any member who is consistently prescribed atypical antipsychotic medication is eligible for the program.

Frequency

Table 1: Guidelines for monitoring metabolic syndrome for patients on atypical antipsychotics

Parameter	Baseline	Week 4	Week 8	Week 12	Quarterly	Annually	Every 5 years
Personal/Family medical hx	√					√	
Weight (BMI)	√	√	√	√	√		
Waist circumference	√					√	
BP	√			√		√	
Fasting glucose or hemoglobin A1C	√			√		√	
Fasting lipid profile	√			√			√

Conditions

All patients on atypical medications should be screened as indicated in the table above. Given the serious health risks, patients taking atypical antipsychotics should receive appropriate baseline screening and ongoing monitoring. Clinicians who prescribe atypical antipsychotics for patients with psychiatric illnesses should have the capability of determining a patient's height and weight (BMI) and waist circumference. These values should be recorded and tracked for the duration of treatment, Clinicians should also encourage patients to monitor and chart their own weight. It is particularly important to monitor any alteration in weight following a medication change. The patients' psychiatric illness should not discourage clinicians from addressing the metabolic complications for which these patients are at increased risk.

Practitioner Input

Practitioner input on ABH's Co-Occurring Screening Program is acquired through the Quality Management Committee's (QMC) Quality Subcommittee and consultation with network psychiatrists. Provider and practitioner input includes program design and implementation.

Promotion

ABH's Metabolic Screening Program is promoted to practitioners via the ABH website, where the table may be accessed freely by both members and providers. A copy of the Summary Document is available at medicaidmentalhealth.org. ABH also provides an annual training to all network providers and practitioners and the Screening Program is also promoted at that time.

References:

Risk of metabolic syndrome and its components in people with schizophrenia and related psychotic disorders, bipolar disorder and major depressive disorder: a systematic review and meta-analysis. *Vancampfort D, Stubbs B, Mitchell AJ, De Hert M, Wampers M, Ward PB, Rosenbaum S, Correll CU World Psychiatry. 2015 Oct; 14(3):339-47.*